

Instructions: This form must be completed prior to entering a Permit Required Confined Space. A copy of the permit should be kept at or near the entry of the space during entry until the work is complete, canceled, or at the end of shift. Provide a copy to EHSS @ ehs@isu.edu
Contact EHSS Safety Programs Manager with any questions 208-282-2787

Date of Entry:	Time of Entry:
Date of Exit:	Time of Exit:
Location of Work: (building name): _____ (room #)	
Scope of Work:	

PARTIES IDENTIFIED FOR ENTRY:

Supervisor Name:	Contact #
Attendant #1 Name:	Contact #
Attendant #2 Name:	Contact #
Entrant #1 Name:	Contact #
Entrant #2 Name:	Contact #

In Case of an emergency, dial 911. Let the operator know you are in need of Confined Space Rescue assistance from the fire department. **DO NOT ENTER THE SPACE!**

Contact ISU public safety @ 208-282-2515 and begin non entry rescue if applicable

All above verify they have been trained on Confined Space Entry and acknowledge they have been given a chance to review entry conditions and agree all potential hazards have been evaluated

Yes No Initial _____ Initial _____ Initial _____ Initial _____ Initial _____

KNOWN HAZARDS OF THE SPACE (CHECK ALL THAT APPLY)

<input type="checkbox"/> Oxygen Deficiency	<input type="checkbox"/> Chemical Hazards	<input type="checkbox"/> Engulfment
<input type="checkbox"/> Combustible gas/vapor	<input type="checkbox"/> Mechanical Hazards	<input type="checkbox"/> Entrapment
<input type="checkbox"/> Combustible Dust	<input type="checkbox"/> Electrical Hazards	<input type="checkbox"/> Fall Hazards
<input type="checkbox"/> Carbon Monoxide (CO)	<input type="checkbox"/> Pipes under Pressure	<input type="checkbox"/> Poor Natural Ventilation
<input type="checkbox"/> Hydrogen Sulfide (H ₂ S)	<input type="checkbox"/> Extreme Temperatures	<input type="checkbox"/> Radiation
<input type="checkbox"/> Other Vapor _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

ENTRY CONSIDERATIONS CHECKLIST

<p>Ventilation:</p> <input type="checkbox"/> Initially <input type="checkbox"/> Continuous <input type="checkbox"/> Other _____ <input type="checkbox"/> N/A	<p>Communication Method:</p> <input type="checkbox"/> Verbal <input type="checkbox"/> Visual <input type="checkbox"/> Two Way Radio <input type="checkbox"/> Other _____	<p>Additional Lighting Needed:</p> <input type="checkbox"/> Flashlight <input type="checkbox"/> Headlamps <input type="checkbox"/> Other _____ <input type="checkbox"/> N/A
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ENTRY CONSIDERATIONS CHECKLIST

Additional PPE:

<input type="checkbox"/> Hearing Protection	<input type="checkbox"/> Head Protection	<input type="checkbox"/> Dust Mask
<input type="checkbox"/> Gloves: _____	<input type="checkbox"/> Rubber Boots	<input type="checkbox"/> Respirator (<i>requires training & fit testing prior to use</i>)
<input type="checkbox"/> Work Boots	<input type="checkbox"/> Knee Pads	<input type="checkbox"/> Safety Glasses/Goggles
<input type="checkbox"/> Face Shield	<input type="checkbox"/> Harness	<input type="checkbox"/> Other: _____
	<input type="checkbox"/> Tyvek	

Additional Considerations:

<input type="checkbox"/> Lockout Tagout	<input type="checkbox"/> Barricade Entry	<input type="checkbox"/> Emergency services contacted prior to entry
<input type="checkbox"/> Hot Work (<i>Requires a Permit</i>)	<input type="checkbox"/> Perimeter Established	<input type="checkbox"/> Migrating Vapors/Gases
<input type="checkbox"/> Tripod with Winch (<i>requires training prior to use</i>)	<input type="checkbox"/> Portable Ladders	<input type="checkbox"/> Other: _____
	<input type="checkbox"/> Generator	

PERSONNEL ENTRY AND EXIT RECORD

Entrant #1		Entrant #2		Comments / Issues Encountered During Entry:
TIME IN		TIME IN		
TIME OUT		TIME OUT		
TIME IN		TIME IN		
TIME OUT		TIME OUT		
TIME IN		TIME IN		
TIME OUT		TIME OUT		

Work has been: Completed Canceled

Authorized Signature: _____ Date: _____ Time: _____

AIR MONITORING RESULTS

Instrument Model:			Date of last calibration:		
Intervals air will be monitored:			<input type="checkbox"/> Initially	<input type="checkbox"/> Every ___minutes	<input type="checkbox"/> Continuously
TIME	LOCATION OF AIR SAMPLE	OXYGEN (19.5% - 23.5%)	LEL (<10%)	CO (<25 ppm)	H2s (<10 ppm)

**ADDITIONAL AIR MONITORING RESULTS TABLE
AVAILABLE ON BACK OF THIS SHEET**

AIR MONITORING RESULTS

Instrument Model:		Date of last calibration:			
Intervals air will be monitored:		<input type="checkbox"/> Initially	<input type="checkbox"/> Every ___ minutes	<input type="checkbox"/> Continuously	
TIME	LOCATION OF AIR SAMPLE	OXYGEN (19.5% - 23.5%)	LEL (<10%)	CO (<25 ppm)	H2s (<10 ppm)